

CHAPTER IX

System Collaboration

Improving the health status of pregnant women, infants, children, adolescents and children with special health care needs is a complex process as many MCH problems are social problems with health outcomes. For example, the disparity in health status between ethnic, racial and tribal groups seems to be attributable to a wide array of factors and is not solely the result of the adequacy of medical care; similarly, the utilization of child and adolescent health services is influenced by a variety of family and community factors. Quality medical care, sound nutrition, adequate housing, available recreation, a nurturing family, and an array of enabling and supportive services are all essential to the health and well-being of children and adolescents.

Therefore, effectively addressing today's MCH problems and improving health status requires the active involvement of many disciplines and many public and private sector jurisdictions. Reaching a goal of promoting health and preventing problems within a State requires a broad-based systems, rather than a categorical¹, approach to the issues.

The federal Health Resources and Services Administration (HRSA) defines a health care system as: the agencies, services and persons involved in providing needed care to the individual members of a community and the interactions among the agencies, services and person involved. MCHB states that an ideal system includes the following²:

- Services to help a family find and use health care effectively, learn and use self care skills to manage illness or family problems, and cope with the demands of an illness or disability. These are often called enabling or family support services
- Services to help communities and groups of people understand how they can be healthier, promote and adopt healthy behaviors, uncover community health problems and find solutions for those community problems. These are often called population-based prevention services
- Services to help communities and governments organize the health care system to assure that individual and community health needs are met, that the health status of vulnerable populations, such as children, is monitored, that services meet quality standards and that new technology is developed to address new problems. These services are often referred to as systems building and infrastructure support services.

¹ "Categorical" refers to that which involves or considers only a specific program, or jurisdiction.

² Excerpt from the *Impact of Expanding Children's Health Insurance on the Role of Maternal and Child Health Title V Programs*. Prepared for MCHB May 1998 by the Lewin Group.

Each component - from finding those eligible for public health insurance, to enrollment in an insurance plan, to identification of a medical home, to utilization of health services, to monitoring of the quality of health services, to assuring interactive linkages between the system components is essential to a *system* of care. A system of care enables States to support the organization, delivery, and utilization of appropriate, high quality, coordinated, and culturally competent child and adolescent health care services.

A system, as defined above, is not a group of serially arranged programs or components acting in isolation. Each of the system components must be available, accessible and responsive to the needs of all of the states' MCH population groups and families regardless of where they live, their income, or their racial, ethnic, or tribal heritage. In addition, each of these components must be able to communicate to assure coordination and avoid fragmentation and duplication.

System collaboration is an attempt to orchestrate services across agencies, organizations, and disciplines with the goal of improving the organization and delivery of care to obtain positive health outcomes for the families and children who use the system. Because maternal and child health is the responsibility of so many agencies, organizations and individuals it very much requires a systems approach if a State's goals in this area are to be successful.

Idaho MCH System-building Efforts. There are a wide variety of system collaboration efforts occurring in Idaho. Many of them have achieved some success in improving services and outcomes. This section examines a small number of these initiatives at the State and local level by MCH population groups. The purpose of this section is not to document every effort but to describe a representative selection of the existing system collaboration efforts and describe ways in which these efforts might be strengthened.

A. Pregnant Women and Infants

The Idaho Perinatal Project. The Idaho Perinatal Project (IPP) was initiated in the late 1970's. Babies are delivered in about three dozen hospitals across the State and the need was identified for improved coordination of key services. The project originated over concerns regarding the transport and transfer of patients between hospitals. Over the past few decades the group has addressed a variety of issues including care for children with PKU, newborn hearing screening, nursing capacity issues, the role of nurse midwives, assessing pain in newborns, hospital construction, epidural rates, and delivery induction rates.

The IPP currently has four goals:

- Initiate and support the creation of a database for maternal/child outcomes. Correlate, analyze, and make recommendations regarding maternal/child statistical data for the state of Idaho.
- Provide education to perinatal health care professionals, and the general public.

- Become recognized as a main resource and advocate in maternal/infant health by:
 - Institutions and providers of maternal/infant health care;
 - Legislators and the governor;
 - Other maternal/infant health organizations; and
 - The general public.
- Assess board membership annually to assure appropriate representation.

While the IPP was previously funded with State money, financial support is now provided by St. Luke's hospital. The vast majority of the independent advisory board consists of practitioners or individuals involved in medical education. An employee of the Bureau of Vital Statistics is the sole representative from the Idaho Department of Health and Welfare. The Executive Director of the Idaho March of Dimes and a representative from the local District Health Department that covers Boise are also on the Board.

The Idaho Perinatal Project is to be commended for its successes and longevity. Far too many collaborative efforts tend to peter out in a short time. The group has raised many key issues involving pregnancy and childbirth and its role in promoting the conference has created a venue that brings together a range of providers across different disciplines. These are not easy tasks and many organizations around the country struggle with them. The limitations of the IPP are that: it is seen by some around the State as focused too heavily on issues involving the Boise metropolitan area; there are some who feel it is too closely linked to St. Luke's to provide a comprehensive focus; and there is no State agency representative who can present or address the needs of the whole maternal and child health population when it comes to perinatal issues. The latter issue exists because no one at the State-level currently is charged with this responsibility.

Pregnancy Wellness Coalition. The Pregnancy Wellness Coalition is a community-based collaborative serving North-Central Idaho. The director of the coalition is the grant-writer for Clearwater Valley Hospital and Clinics based in Orofino and St. Mary's Hospital and Clinics based in Cottonwood. The coalition brings together physicians and other health care providers and non-traditional professionals such as lay midwives. The group seeks to promote a common message of the importance of prenatal care and breastfeeding. The role of the coalition is to problem-solve and share information and resources.

The Coalition has taken on a number of projects including the creation of prenatal and breastfeeding information bags that are provided to families. Lay midwives are also encouraged to use these information bags. The hospital has a Parents as Teachers Program which has enabled them to reach women who deliver using lay midwives. The Parents as Teachers staff have used these contacts to build relationships with the midwives and obtain their participation in the coalition. Building relationships with lay midwives has been challenging because there is a great deal of mistrust between physicians and the midwives. There are also concerns among doctors about liability issues if they work too closely with the midwives and something goes wrong. The group has succeeded in opening dialogue, improving communication and creating information sharing mechanisms.

However there are limits to the reach of the collaboration as the local health district has not been very involved. One of the physicians involved in the coalition reported struggling to get the local health district to utilize local hospital resources rather than referring to distant providers. She has been able to obtain some response, but the efforts have been somewhat one-sided with District staff still not routinely making efforts to learn about the potential for the hospital to be a resource for its clients.

B. Children and Adolescents

Early Care and Learning Task Force. The Task Force was created by the Governor's Coordinating Council for Families and Children in February 2004. This group was given the responsibility for developing a sustainable and coordinated statewide-plan to achieve mutually defined goals for early care and learning. It is the planning body for the State Early Childhood Comprehensive Systems (SECCS) Grant that the Maternal and Child Health Bureau has provided to Idaho and 47 other States. Early care and learning is broadly defined to include health, mental health, family support, and parenting education as well as child care and early education services from the prenatal period through age 5. The purpose of the task force is to develop multi-agency partnerships among key stakeholders, and then develop and implement a plan for an early childhood system. The Task Force is in the process of completing its plan and will be applying for implementation funding from the Federal government. The strength of the group is that it represents a comprehensive approach to early childhood and has the support of the Governor's office. Among the challenges is ensuring representation from across the State of Idaho and ensuring its work will be sustained when the Governor's office eventually changes hands.

The Idaho Governor's Council on Adolescent Pregnancy Prevention (IGCAPP). The Council's mission is to reduce adolescent pregnancy in Idaho by increasing the number of teens choosing abstinence. The Council was created by Executive Order in 1990s and its duties include: development and implementation of a statewide campaign focused on delaying sexual activity by adolescents; and the assessment and reporting of the impact of the campaign on reducing the rate of adolescent pregnancy.

IGCAPP encourages communities to investigate and implement the most promising teen pregnancy prevention programs and supports the development of statewide strategies that foster positive relationships with community partners in youth development and adolescent pregnancy prevention efforts. At the local level the Council seeks to bring together child advocates, community organizations including faith-based institutions, business, public schools, teens and parents to discuss the needs of teenagers and develop strategies for delaying sexual activity and preventing pregnancy. One of the Council's current initiatives is a partnership with the Association of Idaho Cities to provide small grants to projects where groups of young people take a leadership role in identifying and addressing teen pregnancy prevention efforts through community supported asset-based approaches.

Success By Six. A number of the United Ways in Idaho have developed Success by Six Initiatives. Among those which have been particularly active are United Way of Southeastern Idaho and United Way of Treasure Valley. Success by Six is a partnership of business,

government, education, parents, organizations, civic groups and agencies that is designed to maximize resources. The Success by Six initiative organized by the United Way of Southeastern Idaho conducted a community needs assessment and determined that there was a need for a focus on improving child care; early literacy and learning opportunities; the availability of family activities and family's knowledge of resources; and assuring health and safety for young children. In Treasure Valley, Success By Six has developed a parent guide, become the Parent as Teachers State Affiliate for the area, developed a parents resource center, and convened a forum for a federally-supported early childhood collaborative effort. Even though the latter effort has ended, Success By Six has continued to support collaboration among early childhood community partners in the area. This is important because collaborative efforts are often the product of short-term funding and it is sometimes difficult to maintain them once the funding ended.

C. Children With Special Needs

Infant and Toddler Interagency Coordinating Council and Regional Infant and Toddler Committees. The ICC is a Federally-mandated interagency group that provides guidance for the Infant-Toddler Program. The council's responsibilities are to:

- Review emerging issues, gather information and make policy recommendations.
- Advocate for services and funding which will positively impact children and families.
- Educate the community about the importance and availability of early intervention services.

The ICC includes representatives from the CSHP, Child Care, and Developmental Disabilities Programs in the Department of Health and Welfare, the Department of Education, parents, providers, the legislature, the Idaho Migrant Council, Head Start, a District Health Office, and the insurance industry. Seven Regional Infant Toddler Committees were established to ensure responsiveness to the local needs of Idaho families. A representative of each regional committee attends ICC meetings, presents issues and provides input about early intervention services throughout the state.

Key informants had very positive comments on the Infant and Toddler Programs coordination efforts. Parent advocacy groups praised the program's openness to parental input. The program itself generally gets positive reviews and this may partially reflect its openness to collaboration.

Children's Mental Health Councils. As described in the chapter on Health Infrastructure, Idaho is in the process of developing a system of care for children with mental health problems. The system involves councils at the Statewide, regional, and local level. Different agencies and programs are brought together for planning purposes and, at the local level, to develop services plans for individual children. While still in its initial stages the initiative represents an innovative effort that bears watching by the whole health and social service community in Idaho. As

implementation proceeds, other programs and initiatives across the State will have an opportunity to learn from the experience of these councils.

D. Cross-Population Initiatives

The Governor's Coordinating Council for Families and Children. Governor Dirk Kempthorne created the Governor's Coordinating Council for Families and Children (GCCFC), made up of representatives of government agencies, civic groups, non-profit organizations, businesses and the faith community. Led by Co-chairs First Lady Patricia Kempthorne and Dr. Jerry Hirschfeld, administrator of St. Luke's Children's Hospital, the Governor's Coordinating Council began its work in 2000 to inventory, coordinate and increase the resources available to families and children in Idaho. Every two years the Council has sponsored Governor's Roundtables in different regions across the State to highlight collaborative efforts and share ideas across programs and initiatives. The Coordinating Council has developed a Community Collaboration Contracts program that provides small amounts of funding for collaborative programs focused on improving child outcomes. The Council has created Task Forces on early care and learning (as described above), substance abuse among pregnant women, and mental health.

Service Integration in the Department of Health and Welfare. Integrating health and human services is goal number three of the Idaho Department of Health and Welfare Strategic Plan. This goal is essential to the meeting the needs of the maternal and child health population in Idaho. As a strategy to operationalize this goal, the primary job of Directors of Regional Health and Welfare offices has become fostering community collaboration. The Moscow office of Region 2 has served as a pilot site for the Any Door initiative which is designed to reorganize how services are delivered in a way that fosters service integration within the Department and with other community resources.

The Any Door model that was tested in Moscow and is now being used in other areas of Region 2 included the creation of a navigation specialist position within the Regional Health and Welfare office. When someone comes into the Regional Health and Welfare office to apply for or inquire about benefits they are asked to meet with a navigation specialist. The goal of the specialist is to determine if there are alternative services, additional services, or other needs that can be addressed in an individual case. For example, if someone is applying for food stamps because they are having difficulty finding a job, the navigation specialist will help them locate services that will address the reasons they have been unable to find a job. The goal is to try and identify the issues behind the assistance request in order to help the person achieve their full potential. The belief is that by doing so fewer people will remain on financial assistance for long periods of time. At this point the effectiveness of the effort is documented primarily by anecdotes of particular cases. These are instances where the Navigation Specialist was able to obtain assistance to address an underlying problem when in the past no one would have uncovered the problem. Other data collected include the number of people served through Any Door.

With the exception of Region 2 the Systems Integration Initiative is just getting underway. While it is too early to determine the impact of the Initiative, there are some initial indications of what is working well and what needs more attention. The strengths of this initiative are that it brings together a wide variety of services, is focused on the family not just individual members, and

includes Medicaid staff. Challenges include the heavy focus on collaboration for services provided through Regional Health and Welfare offices.

The involvement of the District Health offices, which represent one of the most obvious partners for this effort, has thus far been very limited. This disconnect between the District Health Offices and The Regional Health and Welfare Offices is a reoccurring issue that represents an impediment to effective collaboration between health and human services in Idaho. Reasons for this disconnect vary and include: concern over limited staff time and other resources; concern that working with welfare will result in a “welfare” label being applied to health district services; poor interpersonal dynamics between directors of the various agencies; concern over maintenance of autonomy; and lack of an emphasis on collaboration at the State level. While these are challenges to overcome there is no reason to believe they are insurmountable. A strong effort to encourage and reward collaboration between these agencies would be a major step in systems-building in Idaho. While the Health Districts are one of the major partners for a systems integration effort other partners should also be brought to the table. These include Community Health Centers, local hospitals, and Medicaid care coordinators.

North Idaho Rural Health Consortium (NIRHC) A community level example of a cross-population systems collaboration initiative is North Idaho Community Connections. This effort brings together hospitals, Community Health Centers, the District Health Department, and a provider network to improve services across a wide area of Northern Idaho.

Hospital organizations participating in NIRHC include:

- Benewah Community Hospital
- Bonner General Hospital
- Boundary Community Hospital
- Kootenai Medical Center
- Shoshone Medical Center

Community Health centers participating include:

- Dirne Community Health Center
- Boundary Regional Community Health Center
- Benewah Medical Center

Also participating are three community volunteer clinics that are overseen by the Panhandle District Health office and the North Idaho Health Network.

Using a variety of federal grant funds, NIRHC seeks to improve the information infrastructure and develop a wide area IP network to increase access to a coordinated information system for providers. In 2002-2003, the NIRHC received funds to upgrade the existing infrastructure to

support the implementation of telehealth services including mental health services; school based rehabilitative therapies for special needs children, telepharmacy, telepathology, and tele-ER services. The NIRHC and the Health District also provide mobile health and dental services to the underserved rural areas within the region.

E. Opportunities for Enhancing System Collaboration

This section has documented some of the efforts to engage in system collaboration and systems development in Idaho. There is no shortage of efforts and a number of them are producing results. The rest of this chapter examines steps that could be taken to strengthen the systems development efforts.

Putting the Pieces Together. This section of the report has documented a large number of systems collaboration efforts. There are, no doubt, additional activities that have not been listed here. Efforts have been created in response to problems such as the Jeff D. lawsuit concerning services to mentally ill children, as a result of Federal mandates or grant opportunities and because Idahoans saw a problem and felt that better collaboration across programs would improve services. The end result is a wide range of efforts that sometimes have overlapping responsibilities, but do not appear to have clearly defined roles in developing policies or recommendations. In order to enhance these efforts and further their goals a few issues have to be addressed.

- There is a need to consider how all these efforts fit together and how they can best be organized so that systems improvement is more likely to occur and be sustained over time. The problem with having so many collaborative efforts is that the energy they produce can become dissipated and people's time may become completely consumed by meeting to discuss issues rather than implementing positive changes.
- There is a need to ensure that efforts initiated by a particular Department, such as Health and Welfare's Systems Integration Effort, fully include other obvious partners such as District Health Department's. There is a need to make sure organizations that are growing in importance, such as the State's Community Health Center's find a seat at the table as active participants in system development efforts both at the State and local level.
- Opportunities for family involvement and family input need to be enhanced. Families provide a crucial perspective on issues and can help agencies understand how their policies are perceived by the people they serve. Their presence in planning is both beneficial to the planning and the right thing to do since they are the people most affected by the plans that are made.
- Finally, there is a need for State and local agencies to send a consistent message through contract language, policies, practices, regulations, and performance measures that collaboration among providers and with consumers is the expected way of providing health and social services in Idaho.

Regional Models of Collaboration. A regional model of collaboration is a promising idea for a variety of issues in Idaho. Collaborative efforts that focus on CSHCN across the life span and include the Infant Toddler Program, School District Special Education staff, BOCAPS staff, physicians and hospitals and Medicaid care coordination providers could help to create a better coordinated system of services for CSHCN. A regional effort would also provide an excellent setting for addressing parent's concerns that they lack information about what is available for families of CSHCN. BOCAPs could contribute Title V resources to help develop these regional entities and to provide support for their initiatives. This would allow BOCAPs to better fulfill its Title V mandate to ensure the health of all children, including CSHCN.

Regional Perinatal Councils, including a wide range of providers, could address issues around pregnancy and child birth. These Councils could help enhance the work of the Idaho Perinatal Project and address concerns that IPP has spent limited time addressing the needs of the State beyond the Boise area. IPP in collaboration with the Regional Councils would be in position to create a screening process for high-risk women that could be recommended for physicians, health centers, and lay midwives. Protocols could be developed for handling cases at various risk-levels. While it may be impossible to mandate that particular screening tools be used, if a visible, well connected, planning body creates and promotes a practical tool for screening pregnant women there is likely to be a strong interest in adopting it. In some areas regional collaboration efforts could serve as a spur to creating county-level collaboration councils that could work on county issues and convey those concerns to the regional collaboration bodies. Participants in a number of focus groups conducted by Regional Health and Welfare Directors as part of the development of a performance improvement plan for child protective services expressed an interest in creating collaborative efforts at the county level encompassing a broad range of services.³

The Early Learning Issues Group Report to the Governor's Coordinating Council recommends the establishment of Cross System Coordinating Committees by Region. The purpose of the Councils would be to "stimulate local awareness, collaboration and funding momentum." They suggest that Success by Six is a potential organization that could accomplish this.⁴ While there are advantages of placing responsibility for organizing this outside the government, it is also important that State and local agencies be strongly encouraged to be active participants in such an entity. The expectation of participation in collaboration should be written into contracts, job descriptions, memorandums of understandings and similar documents in order to create a culture that fosters cooperation and collaboration. Agencies should combine resources to offer incentives such as small flexible grants and technical assistance to support collaborative efforts.

Focusing on Outcomes. System collaboration efforts need to define the results and outcomes they want to pursue. While these may change over time, developing a set of such outcomes and results is needed to keep the efforts focused. Good results help produce momentum and attract further support. These types of measures also allow for a reevaluation of approaches when the data do not show progress. While there are a variety of types of data including qualitative assessments it is important to be able to produce solid data that can document progress. This includes numbers on the well-being of children and families, but also numbers that reflect

³ *Performance Improvement Project Focus Groups Executive Summary.* Idaho Department of Health and Welfare. 2004.

⁴ *Early Learning Issues Group Report to the Governor's Coordinating Council.*

whether a program is performing well. In some cases these data are being collected, but not being used. In others they have never been collected. As part of the focus on outcomes it is important that agencies and organizations examine how they use data. In interviews with District Health and Regional Health and Welfare staff we found that they do not feel they have the types of data available which can be used to guide program decisions. Remediating this problem can help create a tool which fuels the collaborative approach.

The collaborative approach has led to many achievements across Idaho. MCH stakeholders can build on these accomplishments to ensure that the families of the State have access to the services and supports needed to promote the health and wellness of Idaho's children.